DIVISION OF VITAL STATISTICS

	BIRTH NO.		CERTIFICA	TE OF DE	ATH PEGISTE	AR'S NO. 1404
7 47	1. PLACE OF DEATH		B. LENGTH OF STA	2. USUAL RE	SIDENCE (WHERE DECE	FASED LIVED
E OF DEATH	Mar	icopa	life life	A. STATE	Arizona	B. COUNTYMaricopa
VAND SI	C. CITY	_	IN CITY LIMITS	C. CITY		IN CITY LIMITS
L RESIDENCE	·	enix	OUTSIDE CITY LIM	TOWN	Phoenix	TOUTSIDE CITY LIMITS
A =	D. FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL C ADDRESS OR LOCATION	OR INSTITUTION, GIVE STR	D. STREE		(IF RURAL, GIVE LOCATION)
*	INSTITUTION	3242 E		<u></u>	<u> </u>	
	DECEASED	(FIRST) B.	(MIDDLE) C.	(LAST)	4. SEX 5. COLOR OR	RACE 6A. MARRIED, NEVER MARRIED. WIDOWED, DIVORCED (SPECIFY)
	(TYPE OR PRINT) 68. NAME OF SPOUSE				Male White	lorudre
)ECEDELIT 1	1 00 00	номтн	DAY YEAR LAST B	IN YEARS IF UNDER { YIRTHDAY} MONTHS DA		A. USUAL OCCUPATION (GIVE KIND OF YORK DURING MOST OF LIFE EVEN IF RETIRED)
ECEDENT 1	9B. KIND OF BUSI-	10. BIRTHPLACE (STAT	19 43 11	AT 12 Was Dean		
ERSONAL	NESS OR INDUSTRY	OR FOREIGN COUNTRY	COUNTRY?	(YES, NO, OR UNKN	ASED EVER IN U. S. ARME (OWN) (IF YES, WAR OR DATE	e OF SERVICE) NO.
DATA ///	14A. FATHER'S NAME	Arizona	U.S.A.	No	'S MAIDEN NAME	None
A	Henry M. Ro		(STATE OR COUNTS	Y) .		15B. BIRTHPLACE (#1ALE OR COUNTRY)
0,0	16. INFORMANT'S S	SIGNATURE	Arizona ADDRESS	17. DATE	ret Myers	California"
1.54		Romley, Sr.			June	(DAY) (YEAR) 30 1954
9	18. CAUSE OF DEATH	1	MEDICAL			INTERVAL BETWEEN
	ENTER ONLY ONE CAUSE PER LINE ENT (A) (B).	1. DISEASE OR CON DIRECTLY LEADING	DITIONS	melendano	Stage to	ONSET AND DEATH
CAUSE	THIS FOES NOT HEAN	į	¥.0	4 0 6	2-4 60 1	De gras
OF	THE MODE OF DYING.	ANTECEDENT CAUSE MGRBID CONDITIONS. ((B)	-x cernal Lydro	chloring
DEATH	URE, ASTHENIA, ETC. GIVING RISE TO THE ABOVE IT MEANS THE DISEASE CAUSE (A) STATING THE UN.					
(ITEM 18)	INJURY, OR COMPLICA- DERLYING CAUSE LAST. DUE TO (C) DUE TO (C)					
1	PLACE DISEASE CON- CONDITIONS TO THE DEATH BUT NOT					
	TRACTED.	I RELATING TO THE DISE	ASE OR CONDITION CAUSI	NG DEATH. POWER STAN	stone ament	
PERATIONS AUTOPSY	19A. DATE OF OPERA	TION 198. MAJO	R FINDINGS OF OPERA	TION		20. AUTOPSY?
	21A. ACCIDENT	(abdatata)	Tain nine -		<u> </u>	YES [] NOX
DEATH	SUICIDE HOMICIDE	(SPECIFY)	FARM, FACTORY,	JRY (E.G., IN OR ABOUTREET, OFFICE BLDG., E	THOME, 21C. (CITY	OR TOWN) (COUNTY) (STATE)
DUE TO XTERNAL		(DAY) (YEAR) (HOUR)	21E, INJURY OCCUR	000 / 04H		
VIOLENCE -	OF INJURY	(DAY) (YEAR) (HOUR)		1	D INJURY OCCUR?	
			WORK AT WOR		,	
MEDICAL	22. I HEREBY CERTIF	Y THAT I ATTENDED THE C	· ·		30 Jane 195	THAT I LAST SAW THE DECEASED
DR CORONER'S	23A/SIGNATURE		THAT DEATH OCCURRED AT GREE OR TITLE)	23B. ADDRESS	FROM THE CAUSES	AND ON THE DATE STATED ABOVE.
TIFICATION	Col. B	Kulan "	40	3// (///	Mc Danie	23C. DATE SIGNED
	24A BURIAL X	24 DATE	24C. NAME OF CEN	ETERY OR CREMATO	DRY 24D, LOCA	TION (CITY, TOWN, OR COUNTY) (STATE)
FUNERAL AS	CREMATION [1 <i>U7 f</i> 2/54	Greenwood		1	
DIRECTOR ()	25A. DATE REC'D BY LOCAL REG.	25B. REGISTRAR'S S		· · · · · · · · · · · · · · · · · · ·	L DIRECTOR'S SIGNAT	enix, Arizona URE ADDRESS
AND 1-	LOUAL REG.			J. J. M.	1. Marten	cen Clamis, alig.
REGISTRAR			\cap ρ	27. EMBALMI	ER'S SIGNATURE	
	7/2/54	Beulah	Johnston	1 X. M	. Martine	261
0	FORM VS & REV. 1-1-63	((/	· · · · · · · · · · · · · · · · · · ·		